BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 10/095949 73 70/80860

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20			-		RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* 45			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ૐ mi	nus 3 =	* &			X43=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than :				ero, enter	"0" in c	column 2	ı	TOTAL	-	.	TOTAL	170
CLAIMS AS AMENDED								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1)	,	(Colur HIGH		(Column 3)	1 -	JIIIALL		9 1	CIVIALE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER JUSLY	PRESENT EX TR A		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		N	= 0		X\$ 9=		OR	X\$18=	
	Independent	* <	Minus	***			H	X43=		OR	X86=	4
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		, [+145=		OR	+290=	
								TOTAL		, i	TOTAL	
•								ODIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM	<u> </u>	1	+145=		OR	+290=	
										OR	TOTAL ADDIT. FEE	
ADDIT. FEE												
	\	CLAIMS		HIGH			lr	γ	ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	Û	NUMI PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	frik		=		X\$ 9=		OR	X\$18=	
	Independent	¥	Minus _.	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM) · (
+145=										OR	+290=	
- 44	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
-		har Dravievely Dai	d Cost (Total or	ladocod/	of in the	highest sumbo	v form	nd in the one	oneista ha	in col	umn t	